This paper gave the first description of a rare form of lymphoid leukaemia distinguished from classi-
cal chronic lymphocytic leukaemia by its clinical features: high leucocyte count, short course, and
distinctive cytology (a lymphoid cell with con-
coiled chromatin and a prominent vesicular nu-
cl. [The SC-ip indicates that this paper has
been cited in over 225 publications since 1974.)

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In 1956 an elderly patient was referred to the
Royal Marsden Hospital, London, with a
diagnosis of acute lymphoblastic leukaemia.
The spleen was greatly enlarged and the leu-
cocyte count very high, both due to large
lymphoid cells with a prominent nucleolus
but coarsely clumped hyperchromatic chro-
matin resembling that of a mature lympho-
cyte and quite unlike that of a lymphoblast.

By 1963 Eve Wiltshaw and I had treated
nine similar patients at the Royal Marsden
and Hammersmith Hospitals. The spleen was
greatly enlarged and the leucocyte count
very high in all; the key cell was the bizarre
form noted in the first case. In contrast to
PLL, enlarged lymph nodes were conspicu-
ously absent, and the survival was of short
duration in the nine patients who presented
with systemic symptoms (although, in one
otherwise fit man, splenic infarction un-
masked the disease at an earlier stage, and
he survived 18 months). We named the con-
dition prolymphocytic leukaemia (PLL) from
the characteristic cell morphology.

I showed the blood films to Maxwell Win-
trope, who recalled the film of a seemingly
fit man whose referral letter recommended
urgent treatment for acute leukaemia: the
letter had been written three years earlier! I
had encouraged Gerry Goldenberg, our re-
search fellow from Winnipeg, to prepare the
case reports for publication, but suspecting
the course of PLL to be more protracted
than we had thought, I deferred publication.

Ten more years brought only five more
cases, but in two we had the opportunity to
observe a prolonged symptomless phase. The
clinical and haematological features in
all 15 cases were remarkably similar and
distinct from those of classical CLL.

This paper has been highly cited because
PLL has been recognized more often since
the recent general revival of interest in cyto-
morphology and, more especially, because
Daniel Catovsky and his colleagues have
conducted detailed studies on the electron
microscopy, immunological phenotype,2'3
enzyme cytochemistry,4 cell-volume mea-

sumed by the characteristic cell morphology.

2. Catovsky D. Prolymphocytic and hairy cell leukaemias. (Guz F W & Henderson E S, eds.) Leukemia.
3. Catovsky D, Mols I V & Marans E. Biological markers in lymphoproliferative disorders. (Bloomfield C D, ed.)